

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Transporter Inspection Report

A. General Information:

1. Inspection Date: _____
2. Transporter Name: _____ Registration Number SC _____
3. License Plate Number: _____ Trailer Number: _____
4. DHEC Inspector(s) _____

B. Condition of Cargo-Carrying Body:

- | | | | |
|---|-----|----|-------------------------|
| 1. Fully enclosed? | Yes | No | (R.61-105 Q(1)(a)) |
| 2. Leaking? | Yes | No | (R.61-105 Q(1)(d)) |
| 3. Properly Labeled? | | | (R.61-105 Q(1)(g)) |
| a. Infectious Waste Transporter Name | Yes | No | (R.61-105 Q(1)(g)(i)) |
| b. Department Issued Number | Yes | No | (R.61-105 Q(1)(g)(ii)) |
| c. INFECTIOUS WASTE, MEDICAL WASTE
or BIOHAZARDOUS WASTE wording | Yes | No | (R.61-105 Q(1)(g)(iii)) |
| 4. Trailer in Secured Location with Limited Access? | Yes | No | (R.61-105 Q(3)(b)) |
| 5. Breeding Place for Insects, Rodents or Putrescent? | Yes | No | (R.61-105 Q(3)(c)) |

C. Condition of the Waste:

- | | | | |
|---|-----|----|--------------------|
| 1. Waste Loaded Properly? | Yes | No | (R.61-105 Q(1)(b)) |
| 2. Properly Packaged? | Yes | No | (R.61-105 P(1)(a)) |
| 3. Properly Labeled? | | | |
| a. Universal Biohazard Symbol? | Yes | No | (R.61-105 P(1)(b)) |
| b. Department Issued Number (if in-state) | Yes | No | (R.61-105 P(1)(b)) |
| c. Generator's Name and Address (if out-of-state) | Yes | No | (R.61-105 P(1)(b)) |
| 4. Date of Storage? _____ | Yes | No | (R.61-105 P(1)(b)) |
| 5. Properly Manifested? | Yes | No | (R.61-105 R(1)) |
| 6. Waste unloaded into a fixed storage at a
transfer facility? | Yes | No | (R.61-105 N(3)(b)) |

Results of Inspection :

Inspector's Signature: _____

Date: _____

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